

PHILADELPHIA MEDICAL TIMES.

SATURDAY, SEPTEMBER 27, 1873.

ORIGINAL LECTURES.

CLINICAL LECTURE ON CHRONIC CORPOREAL ENDOMETRI- TIS.

BY F. H. GETCHELL, M.D.,

Clinical Lecturer on the Diseases of Women and Children in the Jefferson Medical College.

GENTLEMEN,—We had before us this morning Miss B., aged 23, by trade an artificial-flower-maker, and by listening attentively to the history of her troubles, and by a series of questions, we learned from her that she had been out of health for the last three years.

Her first complaint was of her monthly sickness. She told us that she menstruated regularly as to the time, but that the discharge was of only one or two days' duration, the amount very scanty, and the pain excessive. She said the pain began two days before the menstrual discharge, and continued some hours after it had stopped, but that it was somewhat less severe after she began to menstruate than for the two days before.

You remember she told us that she was obliged to keep her bed from one to three days each time she was sick, and that her mother gave her "gin and tansy, hot-water and mustard foot-baths, and opened her bowels with castor oil," and although she experienced some relief from this treatment, her sufferings were still very great, and after it was over she lived in anticipation of the agony she knew she must go through the next month. She has headache sometimes in the afternoon, but is not very much troubled with it. She is annoyed with indigestion to some extent, and her bowels are constipated. She has more or less pain all the time in the lower part of her back, and it fatigues her very much to walk, and the back-ache is much worse after a long walk or any unusual exertion. In fact, she said she felt tired most of the time, and were it possible for her to follow her inclination she would lounge about the house for the entire day.

On examining this patient with the finger, speculum, and uterine sound, we found, with the exception of a slight whitish discharge exuding from the os, that part of the uterus to be seen through the speculum to be in a normal condition. When making the digital examination, if we pressed the cervix against the walls of the vagina it gave her no pain, but if I placed one hand above the pubis and with two fingers in the vagina compressed the entire uterus, she complained of great pain. On introducing the sound it met with but slight obstruction at the os internum, and caused no pain until the end of it was pressed gently against the mucous lining of the uterine cavity; but this gave her great pain when it touched the sides or fundus. The withdrawal of the sound was followed by a slight discharge of bloody mucus.

She complains of a leucorrhœal discharge that she has most of the time, but which is more pro-

fuse just before, and just after, her menstrual periods.

You will remember that at our last lecture I told you that inflammation of the parenchyma of the uterine neck was the most frequent uterine disease among women that had borne children; and I now tell you that I believe the case I bring before you to-day—which is chronic inflammation of the mucous membrane of the uterine cavity—to be the disease of the uterus oftenest met with in unmarried women, and in married women who have never been pregnant.

You will often be asked, Why do unmarried women have womb-disease?

There are a variety of causes given in your books that may bring a woman to this unfortunate condition; but instead of consuming time in going over the long list of possible causes, let us look for a moment at the most frequent or principal cause,—namely, imprudence during menstruation,—and see if we cannot convince those who think there is no reason why an unmarried woman should have uterine inflammation that they may be mistaken. You heard me question the patient with regard to her habits of life before she was troubled as she now is; we asked her if she made any difference in her clothing, or took any less exercise, while she was menstruating. She said she did not; and then by questioning her we found that, as she was obliged to work through the day, night was the only time she had for recreation; and she told us that she was in the habit of attending several public balls every week during the fall and winter; that she made no difference during the week she was menstruating, but dressed herself in thin clothing, went to balls, and danced till a very late hour, often reaching home, after a long walk through the snow, with dragged clothing and wet feet.

It is not among the lower classes only that you will find imprudence during menstruation, and its unfortunate results, but you will often be called to attend the daughters of indolence and luxury. Not only is their entire life an unnatural one, but they too go to parties while menstruating, dressed in a ridiculous fashion, and remain standing for hours in overheated, badly-ventilated rooms, then adjourn to the cooler hall, or to a seat on the stairs in a direct draught, for a chat with a young man who waltzes exquisitely and displays his classic brow to the best advantage by parting his hair in the middle. I need not tell you that tight lacing has anything to do with uterine disease, for all the women in this country wear their clothing very loose. If you think this is not true, why, ask your first young lady patient that you suspect of lacing tightly, and after a full expiration she will, by contracting the muscles, draw in her abdomen, and then run her hand under her corset, and say, "Look there!" when, if her corset-lacings were to break, the explosion would be equal to the popping of a bottle of soda-water; and when this young lady gets out of bed in the morning, her maid will tell you that the corset-marks of the night before can be plainly seen about her waist.

Cases of internal metritis do not all present the same symptoms: while the menstrual discharge is generally scanty and of short duration, there are cases in which the discharge is profuse, and continues for a longer time than in health. Some of the patients suffer much more than others. You remember we had a young girl before us at our last lecture, who told us she had had a convulsion every time she menstruated for the last thirteen months. Females who suffer in this way are often hysterical, and most of them are exceedingly nervous. The pain in the back is rarely absent, and sometimes is very annoying; and they all have more or less leucorrhœa.

To relieve the intense pain at the menstrual period I think you will find it best to give the patient full doses of morphia at once. I am in the habit of giving a pill composed of one-fourth of a grain of sulphate of morphia, one grain of camphor, and two grains of the extract of hyoscyamus; but it is from the local applications made during the absence of the catamenia that you expect permanent relief. Although general medicinal treatment alone is powerless to subdue this disease, you must not neglect to avail yourselves of so powerful an accessory to the local means employed. You will find among all classes that hygienic laws are daily violated, and you must include in your treatment of these cases not only such medicines as in your judgment are required, but you must not fail to give such dietetic and hygienic directions as may be required to improve the general health of the patient.

The reason the so-called local treatment of this condition is so often unsatisfactory is not that the disease is incurable, but that there has really been no local application made. There is no doubt that many of these patients have had a stick of nitrate of silver passed up the cervical canal time after time, and, while that may be proper treatment for cervical endometritis, it is worse than useless if it is the mucous lining of the cavity of the body of the uterus that is inflamed, for none of the application goes above the os internum. Now, as you all know that the distressing symptoms of inflammation of the lining of the cervical cavity are relieved by alterative applications, the fact that I desire to impress upon your minds to-day is that the inflammation of the mucous lining of the cavity of the body of the uterus will disappear just as surely if the proper remedies are applied to the parts diseased. The first step in the treatment is to dilate the cervical canal; this may be done at once by the uterine dilator, or by the slower action of the tent. Although a little time is lost by using the tent, it is by far the best method, and the only one I recommend you to employ in the treatment of these cases. The sponge-tent is perhaps the best, provided you can introduce it without difficulty; but, as it must be passed through the internal os, the resistance met with at this point is often considerable, and for this reason I have found the laminaria-tent, on account of its firmness and small size, much easier to introduce; and as the amount of dilatation required is not very great, I advise you to

use it if you find any difficulty in introducing the sponge-tent. Having dilated the cervix, you introduce the vaginal speculum, and with a wisp of cotton twisted around the end of a probe remove the mucus from the uterine cavity; then with a sable brush you paint the entire cavity with the alterative you have selected for the purpose. Nitrate of silver is highly recommended; but, while I prefer it for cervical endometritis, I very seldom use it above the os internum. I have invariably been disappointed with it in the treatment of internal metritis, while with iodine I have had every reason to be satisfied. The formula I use is—

R Potass. iodidi, ʒss;
Iodinii, ʒiv;
Glycerinæ, ʒj. M.

The application may be made every eight or ten days; it gives but little pain, and the patient is required to keep her bed but one day. The length of time required to relieve these patients of course depends very much upon circumstances: while some will menstruate without pain after a few applications, others will require treatment for a much longer time before relief is experienced, and in some cases you will be obliged to resort to more powerful applications. After applying the above a number of times, if there is no improvement, I then use nitric acid; there is no danger in applying this powerful caustic to the uterine mucous membrane; at any rate, I have often applied fuming nitric acid without the slightest bad effect, and its remedial power in these cases is remarkable. In using the nitric acid, care should always be taken to protect the cervical canal: this may be done by passing the probe, with the wisp of cotton saturated with the acid, through a glass tube, a piece of a large-sized gum catheter, or through the ordinary uterine speculum. The nitric acid should be applied at longer intervals, and the patient must remain at rest in the horizontal position till all fear of inflammatory action has passed. It may appear singular to you that an inflammation of a mucous membrane alone should remain for so long a time and cause so much discomfort, and also that the parenchyma is not involved; but if you will recall your anatomy for a moment you will remember that the lining membrane of the uterine cavity is totally unlike the mucous membrane that is found in other parts: so thick is it that it makes up nearly one-fourth of the uterine wall, and when once it becomes the seat of chronic inflammation there is little or no hope that it will subside spontaneously.

ORIGINAL COMMUNICATIONS.

A CURE FOR EPITHELIAL CANCER.

BY GEORGE G. BREWER, M.D.

WHATEVER tends to increase our capability of coping with a formidable disease cannot be uninteresting to the medical profession. Although cancer is a common disease, and one with which the

surgeon and pathologist is familiar, it is a lamentable fact that it often baffles all treatment. I have always thought that the surgeon's knife was the proper and only treatment for cancer of every description. But my experience in treating an epithelial cancer lately has greatly changed my opinion. The subject of the case was a gentleman fifty years of age, stout and healthy. An epithelial cancer about the size of a hickory-nut located on the cheek near the ear. He consulted other medical gentlemen, who confirmed my opinion and advised him to have it removed. At his request, I removed it with the knife. Part of the wound healed in a few days, but the upper portion soon sprouted out with the cancerous disease. I then applied caustic potassa, not only to it, but to a considerable margin around it. In about ten days after the sloughing was over I found that the entire margin had taken on the cancerous disease, and my patient was in a worse condition than before the operation. At my request, he consulted several surgeons, who objected to operating any more, for fear of enlarging the cancer, and advised a soothing treatment,—poultices of bread and milk. This was followed without benefit for six months, when a friend gave him a recipe which I did not object to his using:

Chlor. zinci, gr. viij ;

Bloodroot, gr. v ;

Starch, gr. viij.

Make into a paste with honey.

The cancer was at this time nearly as large as a hen's egg. After applying the paste for two weeks, he called to see me. I found it had diminished to half its former size. I advised him by all means to continue it. After a month's use of the remedy, the cancer was not larger than a dime. He continued to use it until the disease was cured. There is at this time nothing but a cicatrix, where before was a large epithelial cancer. I report this case for the purpose of calling the attention of the profession to this remedy in epithelial cancer, and do recommend those who have such cases to treat to give it a trial.

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NOTES OF HOSPITAL PRACTICE.

PENNSYLVANIA HOSPITAL.

SERVICE OF DR. R. J. LEVIS.

Reported by JOHN B. ROBERTS.

FRACTURE OF THE CLAVICLE BY DIRECT VIOLENCE— THE POSTURAL TREATMENT.

A MAN fell from a loaded cart, fracturing his left clavicle near its sternal end, by the wheel passing in a vertical line over his chest. The clavicle is fractured more frequently than any other portion of the skeleton, as it is a delicate bone with two curvatures, is subject to powerful muscular action, and is so placed as to receive the transmitted force from blows upon the shoulder, elbow, and hand. It is sometimes broken by muscular effort, as in a case seen by Dr. Levis, where a woman sustained fracture of both clavicles in trying to lift a heavy child with each arm. In another case a man broke the bone in the exertion of raising himself

from the ground by grasping an overhanging branch of a tree.

Usually the clavicle is broken at the outer part of the middle third, or at the junction of the middle and *outer* thirds, for in this situation the bone is thinnest, and has the greatest amount of curvature and the least ligamentous and muscular support. There is a sort of intermuscular space between the trapezius and deltoid insertions externally, and the sterno-mastoid and great pectoral origins internally.

In this instance the injury is the more rare result of *direct* violence, and the fracture is found exactly where the force was applied. The deformity produced by the displacement of the fragments is perceptible to the eye, and can be distinctly traced by the finger. The outer fragment is drawn downwards, forwards, and inwards by the weight of the arm and muscular action, while the inner one is drawn slightly upwards by the sterno-mastoid.

Of all fractures, that of the clavicle is most difficult to cure without deformity, for the reason that the application of efficient extension in the line of the long axis of the bone is impracticable. Whatever form of apparatus is used, there is always more or less displacement remaining; and it is doubtful whether in oblique fracture a cure without deformity is ever attainable.

The best results seem to be accomplished by simply keeping the patient in the supine position on a flat, hard bed, with the shoulders unsupported by pillows, but with the head somewhat elevated to relax the sterno-mastoid muscle, which tilts up the inner fragment. This treatment can be rendered still more efficacious by placing a weight, such as a bag of shot or sand, on the front of the shoulder, fastening it in position with adhesive strips to keep the shoulder, and with it the outer fragment, pressed backward.

The surface of the bed acts also as a splint, by making pressure on the angle of the scapula, and so giving a leverage which throws the upper part of the scapula upwards and backwards; of course carrying with it the outer fragment of the broken clavicle. This influence of the scapula in overcoming displacement can only be effected by treatment in the horizontal position.

As the clavicle is a spongy and vascular bone, consolidation soon takes place, and the patient need not be obliged to keep his bed more than a couple of weeks. If the union be not firm at the expiration of that time, some form of supporting apparatus can then be applied, and the patient allowed to go about. The general objection to this efficient plan of treatment is its irksomeness and restraint, and its inapplicability to restless individuals and to children; but it can be well carried out in adults under the discipline of a hospital.

In the present instance, as the man returns to his home, and will be treated as an out-patient, the apparatus known as Levis's apparatus for fracture of the clavicle is applied, which fulfils the indications as effectively as is possible, and is more comfortable to the patient than any other.

Dr. Levis stated that in fracture of the clavicle in young children, as the bone is short in comparison with the width of the chest, and there is but little tendency to displacement from muscular action and the weight of the shoulder, he relied on the simple plan of keeping the arm and shoulder supported by broad strips of adhesive plaster, which should be kept on for two weeks, and then replaced by a simple handkerchief-sling.

UNUNITED FRACTURE OF THE TIBIA—TREATMENT BY PERFORATING THE BONES AND CARTILAGINOUS CALLUS.

A woman, aged 40 years, sustained a fracture of both bones of the right leg, in the lower third, fifteen weeks ago. The fibula united without unusual delay, but the

fragments of the tibia failed to consolidate, and at this time a false joint exists between the ends of the bone at the point of fracture. The unnatural mobility is somewhat restricted by the united fibula acting as a splint to the larger bone, but the amount of motion is nevertheless considerable.

There is evidently a mass of cartilage surrounding and uniting the fragments, in which, from some unknown cause, bony matter is not deposited. This case differs from those more rarely seen, in which there is an absolute deficiency of uniting material of any kind, which condition is that to which the term *false joint* is more correctly applicable. The present case is properly an illustration of simply a delay or check in the process of union.

In cases of delayed union a highly nutritious diet is proper, and when the fracture is in the leg the limb should be allowed to hang down below the rest of the body, in order that blood may be fully supplied for the reparative process. It is probable that this *natural position* of the limb would, if more generally resorted to, avert the permanent condition of false joint in fracture of the lower extremities. With such object the leg may be encased in some form of fixed dressing, and the patient allowed to walk on crutches.

Ossaceous consolidation will generally be insured, in cases of delayed union, by making strong friction of the broken ends upon each other, and, at the same time, bending or breaking up the indolent cartilaginous callus. Such treatment is, however, inapplicable here, on account of the restriction of motion caused by the fibula, as a violent effort might re-fracture its recent bony union.

The plan determined on is the repeated perforation of the ends of the fragments and of their cartilaginous surroundings with a bone-drill, which will excite renewed action in those tissues. The instrument is inserted through but two points in the integument, but it is several times re-entered in the bones, and traverses the fractured extremities in a number of radiating directions. Some inflammatory action will probably be excited, and with it the completion of bony consolidation is hoped for.

After completion of the drilling operation the limb will be encased in a permanent or immovable dressing. For this purpose the Bavarian dressing of plaster of Paris is the best, from its ready application and removal; but bandages stiffened with starch or silicate of soda may be available.

JEFFERSON MEDICAL COLLEGE.

CLINICAL SERVICE OF PROF. DA COSTA, SEPT. 29, 1872.

Reported by W. H. WEBB, M.D.

ANEURISM OF THE THORACIC AORTA.

HENRY S., 45 years of age, resident of Wilmington, Delaware, moulder by occupation, presented himself, with the following history:

Had always enjoyed excellent health until two months previous to the date of his present illness; was not strictly temperate. About two years previous to his presentation at the clinic, he received a blow upon the left breast just above the base of the heart; since which time he dates his present illness. It was followed by a smothering, particularly when recumbent, and this was always worse at night: he was not short of breath at other times. The attacks of dyspnoea would last from ten to twenty minutes, and some nights they would be so severe as to prevent him from going to bed. Two months previous to the accident he had muscular rheumatism, and six months after, the above symptoms

continuing, he noticed a swelling and soreness on the left side, and about the middle of the chest, with no weight, but a sense of oppression. The oppression has become worse, and he is seldom free from it. He now also has weak spells, which come on when he is worn out by the oppression. He has pain over the cardiac region generally, also pain in the spinal column about opposite this region; the pain is burning in character, worse on pressure over a sore spot near the left shoulder, but not elsewhere. The dyspnoea continues, and still prevents his taking the recumbent posture, except at long intervals.

He is thin, having lost forty pounds in the last two years. Color is sallow; expression is anxious. Pulse 105, full; this pulse is very feeble, small on the left side, very full on the right side; pupils both react to light, no material difference between them.

He has some difficulty in swallowing solid food, but has greater difficulty in swallowing liquids, which often regurgitate.

His respirations are 30 per minute; tongue very much coated; appetite poor; bowels mostly loose; urinates freely, and urine is free from albumen.

The swelling, which appeared two years ago, was at first higher up than at present; it is large, occupying nearly the whole cardiac region, more particularly the centre. A marked swelling exists at the second intercostal space, and the second rib is prominent and out of place; the most obvious swelling, however, is between the third and fourth ribs.

The hand placed over the swelling finds two distinct pulsations: the first is heaving and long, the second is short.

Measuring from over the centre, the tape passing under the axilla, gives 19½ inches on the left side, 17½ inches on the right side; two inches below the nipple the left side is 16½ inches, the right side is 17½ inches.

Auscultation.—Passing below and going down under the nipple and within, the heart-sounds are heard, the first rather dull, both confused; impulse moderately forcible. Heavy sounds, different from those of the heart, are heard over the mass; the second sound is dull, lacking sharpness, there being no murmur or thrill. The stethoscope being placed over the carotids, there is a dull sound with the expansion of the artery on both sides, but the right carotid beats more forcibly than the left; no murmur is perceptible.

The dulness does not extend below the nipple. Percussion could not be accurately carried out, in consequence of the severity of the pain in the thoracic walls.

Posteriorly we perceived the pulsation with a very faint murmur; the pulsation was distinctly felt over the spinal column somewhat above the point opposite the spine of the scapula.

He was somewhat hoarse, but his voice was not otherwise altered.

The position assumed by the patient, and the one that was most comfortable to him, affording the least pain, was both striking and peculiar: it was that of squatting or stooping. When in bed he would lie upon his abdomen or right side; he could not lie upon his back or left side, owing to the severity of the pain produced by either of those positions.

Diagnosis.—Aneurism of the aorta.

Treatment.—Potassii iodid., gr. x, tinct. aconiti rad., gtt. i, syr. aurantii cort., aquæ, āāʒss, every four hours. [In two months after being under the above treatment he expressed himself as being free from pain, when he resumed his occupation, at which he continued for a few months, when he was obliged to give it up, owing to weakness.]

During the interval of the patient's visit to the college, and at the time of his death, July 21, 1873, he was under the charge of Dr. S. L. West, of Wilmington.

Del., through whose influence and kindness I was enabled to make the post-mortem examination, which was made twenty-four hours after death.

There were present at the examination Drs. S. L. West, C. W. Jones, C. W. Kirchner, and E. C. Dunning.

On opening the thoracic cavity the aneurismal sac was found to be closely adherent to the surrounding parts. There were strong attachments to the sternum, with erosion of about two inches at the posterior and upper part, the adhesions extending to the clavicle.

The aneurismal sac was torn somewhat in detaching it, its walls being very thin. It extended from the semilunar valves of the aorta, involving all portions of it down to the thoracic portion, the ascending portion being particularly dilated, its walls apparently losing their identity as composing a blood-vessel, being very rough on their interior and very thin. The transverse and descending portions were dilated to more than twice their normal calibre.

The sac extended upward, but encroached principally upon the left thoracic cavity, displacing the heart and compressing the left lung to about one-fourth its normal size; the structure of the lung was very dense, and gave evidence of having been in that condition for a long time.

No erosion was found of either the clavicle or the first or second rib, though the adhering parts of the two latter had to be removed with the mass. The costal cartilage of the second and third ribs of the left side, as also the intercostal muscles for the space of three inches over the mass, were totally destroyed.

The tumor overlapped the third rib, and in the sac-wall was included two inches of its sternal extremity; being very brittle, it was broken off in removing the specimen; the surface is very much eroded, being less than half the usual thickness, and has the appearance of necrosed bone.

The sac was also closely adherent to the vertebral column, but the vertebrae were intact.

The sac contained closely adherent to its walls—and particularly the anterior—a large, broad, laminated, fibrinous clot, varying in its color from a dusky pink to a deep red, and also varying in its density from the apparent recent clot to the solid fibrinous deposit.

If the sac was entirely empty it would contain nearly a half-gallon.

The pericardial sac contained about a pint of serous fluid, in which was found what appeared to be quite a recent blood-clot, which did not mix with or even color the serum. It apparently came from an oblique longitudinal rent in the walls of the aneurism, one inch and a half long, about one inch above the semilunar valve; the rupture extended through the fibrinous lining of the aneurism.

The heart was rather smaller than normal; its walls were very soft and flabby, and were fatty; the valves were slightly opaque, but otherwise normal. There were no signs of inflammation.

Fluid in the pleural cavities only amounted to a few ounces.—W. H. W.]

DR. ST. CLAIR GRAY calls attention (*Glasgow Med. Journal*) to the little value of an unruptured hymen as proof that rape has not occurred. He relates the particulars of three cases in which the hymen was found persistent in prostitutes. These three cases were found among about 1500 who, within the last few years, have applied for admission to the Glasgow Magdalene Asylum, Lockburn, Maryhill; and should subsequent experience establish this as the precise proportion, viz., 1 in 500, it will considerably affect the significance of persistence of the hymen as an evidence or a sign of virginity.

TRANSLATIONS.

NEW INVESTIGATIONS UPON THE PROTOXIDE OF NITROGEN.

By MM. le Doct. JOLYET and T. BLANCHE. Translated from *Archives de Physiologie* for July, 1873.

BY FRANK WOODBURY, M.D.

IN view of the conflicting opinions regarding the physiological effects of nitrous oxide gas, none of which can at the present time be considered as established, Messrs. Jolyet and Blanche have recently instituted a series of experiments to determine with precision the following questions:

a. Can the protoxide of nitrogen be regarded as a supporter of respiration?

b. Has it anæsthetic or other qualities capable of being utilized in medicine?

a. Is the protoxide of nitrogen a respirable gas for plants and animals?

Plants.—We endeavored first to determine whether grain would germinate in a medium of pure protoxide of nitrogen, and, if germination had already commenced, whether it would continue under these conditions. From the experiments of Saussure it is known that the germination and development of plants are impossible in a medium containing no oxygen; seeds never sprouting in nitrogen, hydrogen, carbonic acid, etc. We then came to consider whether nitrous oxide—a gas unstable and rich in oxygen—would be able by that oxygen to support the respiration of plants. We therefore placed seeds of cress and barley upon a damp filter-paper in an atmosphere of pure protoxide of nitrogen. At the end of nine days in one experiment, and five days in another, the seeds had not even commenced to sprout; while other seeds, under the same conditions, but in ordinary atmospheric air, entered into complete germination as soon as the third day. Permitting then a small portion of air to enter the receiver where the seeds had not sprouted, we saw, in both cases, germination produced in two or three days.

In other experiments we have placed seeds in the act of sprouting in pure nitrous oxide; the development was arrested, and again resumed when a portion of air was allowed to enter the receiver. We have proved further that in protoxide of nitrogen plants do not exhale carbonic acid.

From these different experiments we believe that we may conclude that the oxygen of the protoxide of nitrogen cannot be utilized by plants for respiration; and if the contrary has been asserted, it is because the gas experimented upon, not being perfectly pure, contained a small quantity of oxygen, and we know that a very small quantity of oxygen only is needed for the commencement of germination.

Animals.—Frogs were placed, for comparison, in receivers containing respectively pure protoxide of nitrogen, carbonic acid, carbonic oxide, hydrogen, and nitrogen. While those plunged in hydrogen, nitrogen, and carbonic oxide only expired after two or three hours' stay in these gases, exhibiting at the termination stupor and drowsiness (as Jean Müller had already proved), those placed in carbonic acid were seized at once, and died quickly. The frogs placed in the nitrous oxide succumbed at the end of two hours' exposure to the gas.

We placed a sparrow under a jar containing 2.5 litres of protoxide of nitrogen, where death took place at the end of thirty seconds. One placed—for comparison—in a jar containing hydrogen, died in the same time.

A guinea-pig inspiring pure nitrous oxide by the trachea died in 2½ minutes.

In the same way a rabbit died suddenly at the end of

2 minutes and 24 seconds of respiration of pure nitrous oxide.

From these experiments, and others which we will not here recall, we are compelled to say that chemically-pure protoxide of nitrogen cannot support respiration in animals or plants. We may, therefore, here repeat the remark made above, that if certain authors have believed themselves able to demonstrate that this gas is one which can support respiration, it is because they experimented with impure nitrous oxide, containing a quantity more or less great of oxygen, according to the time more or less long that the animals lived in the gaseous compound.

b. Does the protoxide of nitrogen possess any specific properties?

If pure nitrous oxide is not able to support respiration in plants and animals, is it a gas inert, like hydrogen or nitrogen? or, on the contrary, being very soluble (water dissolving four-fifths of its volume), will it enter into the circulation by the way of absorption, and, dissolving in a greater or larger amount of blood, be carried to the nervous centres, there to produce peculiar effects, stupor, anæsthesia, etc.?

With this in view, we have studied the phenomena presented when animals are made to breathe pure nitrous oxide, or an artificial atmosphere of pure protoxide of nitrogen and oxygen.

Frogs placed in pure protoxide of nitrogen exhibit the following phenomena: After three or four minutes, more or less marked diminution in the respiratory movements of the throat and sides, soon followed by stupor and drowsiness, from which he rouses himself at intervals more or less prolonged. The animal spontaneously or following excitation makes a few respirations, and if placed on his back regains his natural position, and soon resumes his former stupor. In this condition the frog remains perfectly sensible to pinching of his toes, sensibility which can be proved after the expiration of forty-five minutes in the gas.

A guinea-pig was made to breathe, by the trachea, from a bag containing eight litres of pure nitrous oxide; thirty-five seconds after, the animal was perfectly sensible to pinching of his paws; after forty-five seconds respiration was labored, but sensibility remained intact. On allowing the animal to breathe air freely, he revived in a few seconds.

Half an hour later the same animal was again made to breathe the pure nitrous oxide. After one minute and forty-five seconds, sensibility was still preserved; after two minutes and twenty seconds, it was extinguished; and death supervened in two minutes and thirty seconds from the time the experiment was commenced.

A rabbit was made to respire pure protoxide of nitrogen. After one minute and forty-five seconds the animal struggled and showed signs of asphyxia, but sensibility was proved to persist. On withdrawing the nitrous oxide and allowing him to breathe the air, the animal rapidly recovered.

In another experiment upon a rabbit, sensibility existed even after two minutes and twenty-four seconds; at this moment respiration terminated abruptly, but we were able to restore the animal to life after some moments of artificial respiration.

The preceding experiments show that pure protoxide of nitrogen produces asphyxia with all its signs. Having noticed that anæsthesia occurred at the moment the animal's arterial blood became black (and knowing that, when animals are subjected to asphyxia, anæsthesia takes place as soon as the arterial blood only contains two to three per cent. of oxygen), in order not to attribute to nitrous oxide the concomitant anæsthesia, which may be attributed to pure and simple asphyxia, we have made the following experiments.

We added protoxide of nitrogen and oxygen in different proportions, so that the mixed gases contained eighteen to twenty-one per cent. of oxygen and sixty to eighty per cent. of nitrous oxide. In this way the animal had at his disposal a quantity of oxygen almost equal to that existing in atmospheric air, while at the same time the combination was sufficiently rich in nitrous oxide to produce its specific effects, if it really possessed any.

Frogs remaining twenty-four hours in a mixture of four-fifths protoxide of nitrogen and one-fifth oxygen did not present a single appreciable phenomenon; sensibility, when the toes were pinched, was very evident.

Two other frogs, after remaining five days in a receiver containing 300 cubic centimetres of oxygen to sixty per cent. and one litre of pure nitrous oxide, did not show at the end of this time either stupefaction or anæsthesia.

At twenty minutes past five o'clock we placed two sparrows, for comparison—the one under a bell-jar containing air, the other under a similar jar containing oxygen and nitrous oxide in the proportion of the gases of the atmosphere.

7 o'clock.—There was some trouble in respiration, noticed equally in both birds.

7.30.—We left the sparrows panting, puffed out, and both alike.

9 o'clock.—We found the birds dead.

On making an analysis of the air remaining in the jars, we found in the one containing air—

Carbonic acid 11 per cent.

Oxygen 6 "

In the one containing nitrous oxide and oxygen—

Carbonic acid 12 per cent.

Oxygen 5.8 "

At 2.40 P.M. we put a sparrow into a mixture of four litres of nitrous oxide and 600 cubic centimetres of oxygen. At 3.30 P.M. the same; no change in the appearance of the bird.

4 P.M.—He commenced to pant. We then collected the gas in the jar, which gave 9.2 per cent. of carbonic acid on analysis. The bird rapidly recovered.

At 6.45 P.M. we placed a sparrow under a two-litre receiver, containing oxygen and nitrous oxide in the proportion of 18 to 82 per cent. The bird remained quiet until 7.45 P.M., when his respiration became labored. When seen at 9 P.M. he was panting, and death took place at 9.15 P.M. The analysis of the gas in the jar gave 12 per cent. of carbonic acid and 3 per cent. of oxygen.

A small dog was made to breathe a mixture of protoxide of nitrogen and oxygen in the proportions of atmospheric air. By means of a caoutchouc muzzle and the valves of Müller, he only inspired the gas contained in the bag, the expirations going outside, so that there could be no complication from asphyxia by the carbonic acid. The animal breathed this mixture for twenty-two minutes, during all of which time he remained sensible without stupor or drowsiness; galvanization of his sciatic nerve by a feeble current produced pain, and, when he was called, he gave signs of attention.

These experiments show therefore that animals are able to breathe an artificial atmosphere containing eighteen to twenty per cent. of oxygen and sixty to eighty per cent. of nitrous oxide during a time sufficiently long, without showing any manifest phenomena, and, above all, without exhibiting anæsthesia.

As the protoxide of nitrogen is very soluble in water, which dissolves four-fifths of its volume, it was of interest to discover what quantity of it was in solution in the blood of those animals which breathed the artificial atmosphere and nevertheless showed no diminished sensibility, for comparison with that in the blood of animals breathing pure nitrous oxide, taken at the moment anæsthesia appeared, in order to decide what share in

this phenomenon to attribute to the nitrous oxide. It is also equally important to determine the quantity of oxygen existing in the blood at the same moment.

But we will first show rapidly the method of analysis of the gases of the blood which we have employed and have used also in the analysis of the mixed gases composed of oxygen, nitrous oxide, and nitrogen.

We have adopted the following, which M. Gréhan kindly pointed out for us:

The mixture to be analyzed, composed of oxygen, protoxide of nitrogen, and nitrogen, is introduced into the eudiometer.

Let v = the volume of the mixed gases, x = the oxygen, y = the nitrous oxide, and z = the nitrogen; then we have—

$$x + y + z = v.$$

By introducing a quantity of hydrogen b , we have in the eudiometer $v + b$. Now, if a spark be passed through this, the remainder may be expressed by r , and the amount lost will equal $v + b - r$.

But x of oxygen combines with $2x$ of hydrogen to form water, making a loss equal to $3x$; y of the nitrous oxide contains $\frac{1}{2}y$ of oxygen, which combines with y of hydrogen to form water, but gives y of nitrogen,* only y of hydrogen disappearing; we have then—

$$v + b - r = 3x + y.$$

We add to r a volume d of oxygen, and there is in the receiver a volume $r + d$; on passing the spark there remains r' ; $r + d - r'$ is the second volume disappearing, of which $\frac{3}{4}$ are hydrogen, which we will call e .

Having introduced a volume b of hydrogen, then $b - e$ = the hydrogen used in the first combustion. But x of oxygen required $2x$ of hydrogen, and y of the protoxide of nitrogen used y of hydrogen; therefore,

$$b - e = 2x + y.$$

It remains to resolve these three equations with three unknown quantities:

$$\begin{aligned} x + y + z &= v. \\ 3x + y &= v + b - r. \\ 2x + y &= b - e. \end{aligned}$$

From which the values of x , y , and z are easily determined.

This said, we will relate some experiments, with the analysis of the gases of the blood determined in the preceding manner.

A dog breathing the surrounding air through the valves of Müller had in 100 cubic centimetres of arterial blood—

Carbonic acid	48.8 per cent.
Oxygen	21 "
Nitrogen	2 "

He was then made to breathe from a bag containing a gaseous mixture of 62 per cent. of nitrous oxide, 21 per cent. of oxygen, and 17 per cent. of nitrogen. The animal took seven minutes and thirty seconds to inspire fifty litres of this mixture; and during all this time his eye remained sensitive, and he took notice when his toes were pinched. The analysis of the gases of the blood, made then, gave for each 100 cubic centimetres of red arterial blood—

Carbonic acid	46 per cent.
Oxygen	19.7 "
Nitrous oxide	29 "
Nitrogen	0.3 "

The same animal, having rested half an hour, was made to breathe pure nitrous oxide gas for one minute and forty-five seconds; he was then much troubled in

his breathing, but still remained sensible. On making then an analysis of the dark arterial blood, we found—

Carbonic acid	37 per cent.
Oxygen	5.2 "
Nitrous oxide	28.1 "
Nitrogen	0.7 "

A second dog, breathing, in the manner already explained, from a bag of nitrous oxide, was found to be insensible at the eye and to pinching after three minutes. The analysis of the gases of the blood, then made, gave for each 100 cubic centimetres of very dark arterial blood—

Carbonic acid	36.6 per cent.
Oxygen	3.3 "
Nitrous oxide	34.6 "

A third dog, breathing the nitrous oxide from a bag, was still somewhat sensible at the third minute; was found completely insensible to the electrization of the sciatic nerve after four minutes. Analysis of the black arterial blood then gave—

Carbonic acid	34 per cent.
Oxygen	0.05 "
Nitrous oxide	37 "

We might here relate other experiments, but think that these will be sufficient to enable us to draw the following conclusions:

When there is, in the arterial blood of dogs that breathe an artificial atmosphere of protoxide of nitrogen and oxygen, almost the same quantity of nitrous oxide in solution as that found in the same animals breathing, until asphyxiated, pure protoxide of nitrogen, we cannot attribute the anæsthesia which then appears to the presence of the nitrous oxide in the arterial blood. The cause of the anæsthesia is naturally found to be the result of the asphyxia, from the privation, more or less complete, of oxygen from the arterial blood. We know, in short, that when there is no more than two or three per cent. of oxygen in the arterial blood, anæsthesia commences to appear. (P. Bert.)

We conclude our article with the following propositions:

The protoxide of nitrogen, chemically pure, is not able to sustain respiration in animals any more than in plants; the combustion in which respiration consists not being sufficiently energetic to decompose the nitrous oxide gas.

Breathed pure, by animals, the protoxide of nitrogen is an asphyxiating gas, which produces death, with all the usual signs of asphyxia by strangulation or by respiration of the inert gases (nitrogen and hydrogen), and in almost the same time.

Breathed pure, if the nitrous oxide produces anæsthesia, it is by privation of oxygen from the blood; insensibility showing itself when the arterial blood commences to have only from two to three per cent. of oxygen. The arterial blood is then very black, and contains thirty to forty per cent. of protoxide of nitrogen.

Animals are able to live by breathing an atmosphere of protoxide of nitrogen and oxygen in the proportion of the gases in the air, the nitrous oxide replacing the nitrogen, without producing troubles of sensibility. The arterial blood then contains thirty to thirty-five per cent. of protoxide of nitrogen. Birds plunged in a similar confined atmosphere behave like those placed under a bell-jar of the same capacity containing air, and die after having nearly equally consumed the oxygen in the receivers, and formed as much carbonic acid.

The protoxide of nitrogen being an irrespirable gas, and possessing none of the anæsthetic properties that have been attributed to it, its employment can only be dangerous, and should be, under that title, proscribed from medical practice.

* [According to Bloxam, when NO is decomposed it gains half a volume; two volumes of NO containing two volumes of N, and one of O.—Tr.]

OBSERVATION UPON A CASE OF MIXED CHANCER AND BUBO.

By DR. P. DIDAY, of Lyons. Translated from *Annales de Dermatologie et de Syphiligraphie*, No. 5, 1873.

BY LOUIS A. DUHRING, M.D.

A YOUNG man, 25 years of age, came to consult me on the 8th of January, 1872. He told me his story, as follows:

"I have a mistress, to whom I had always been faithful. On the 30th of December, 1871, for the first time in my life, I went to a public house. The 3d of January, 1872 (that is to say, four days after), I perceived a small sore upon the penis."

I examined the patient, and recognized, upon the right side of the duplicature of the prepuce, an ulcer, presenting all the characters of the chancroid or non-infecting chancre, already well developed in size and general features. I prescribed a dressing of charpie soaked in a solution of nitrate of silver.

At the expiration of two weeks the patient returned to show me a painful swelling in the right groin. I diagnosed a commencing acute adenitis. The chancroid, which had been dressed very regularly, was already upon the way to recovery. The adenitis followed its fatally progressive course. Upon the 4th of February it was in a fluctuating condition, and I opened it, when several days later this opening presented a chancroidal aspect. As a dressing, I employed here the solution of nitrate of silver. At the end of about a month both the ganglionic and integumentary chancroids were healed. More than a month now elapsed, and I had entirely lost sight of the patient, when, upon the 10th of April, he returned, requesting me to give him my advice upon an eruption which annoyed him. I saw, indeed, a general roseola, some crusts upon the scalp, three glands enlarged on the back and high up on the neck, and some scales upon the palms of the hands. These symptoms, which were accompanied by pains in the head and stiffness of the neck, dated from about the 23d of March. The inguinal bubo had cicatrized. Under the integument of this region, which was still red, a ganglionic enlargement of small size, but of firm consistence, was perceptible. There was a less marked enlargement of two ganglia in the left groin, which were indolent.

In a former communication to the Medical Society of Lyons upon a wholly analogous case, I described the generation and evolution of these mixed affections, which, from the chancroidal origin about the penis and groin, afterwards assume, at that point, the aspect of the primitive lesions of syphilis and are followed in regular succession by the general symptoms peculiar to this disease. Above all, I insisted upon the causes of error that the association of these two distinct diseases can engender, and upon the consequences of these errors, fatal both to physician and patient.

To-day, studying another side of the subject, I will examine it in accordance with the doctrines, or rather the doctrine, which, it appears to me, the Faculty of Lyons have been too anxious to bury in oblivion. It is not, however, that I wish to dispute the certificate of death, quite *en règle*, which the Ecole de l'Antiquaille gave against it. But, nevertheless, I hear that the unity theory still lives somewhere in the heart of Austria, Bohemia, or elsewhere. We must then notice it here, if even for the last time. Now, what case, in appearance, was there ever more favorable to the old doctrine of the identity of the chancre-poisons than that of which you have just heard the recital?

"What!" the Austrian says to me, "what! you, Monsieur Diday, a dualist, you report the history of a simple chancre, of a chancroid? you describe it as a chancroid, but you only give it the name of a chancroid?"

"To complete the picture; it engenders a chancroidal adenitis, and when the secondary symptoms break out later, you change your position by saying that, without doubt, it was a case of mixed chancre. But what observation can remain firm upon such a statement? Do you think that it is sufficient to *suppose* the existence of an infecting chancre, when it is too late to prove it, to convince us that it really did exist?"

"The mixed chancre (*le chancre muet*), we know, can stand a good deal, but by overstraining it do we not run the risk of running it into the ground?"

"Even for their own good and preservation, ought not the dualists to connive at least at this one case?"

"Have they no pity upon their old servant?"

To this valiant attack, gentlemen, I have but one word to say. As with many practitioners, I remember that upon that day I was very much occupied, perhaps a little absent-minded, and, relying upon the existence of the chancroidal adenitis as establishing the diagnosis of the primitive ulcer, I neglected, upon the *third visit* of my patient, to look at the side of the penis (of which he did not complain) and to feel the base of the ulcer and assure myself whether or not this base presented any induration.

But even in the absence of this information I can affirm not only that an infecting chancre existed there, but, further, that it developed itself upon the chancroid or upon its cicatrix, about twenty-five or thirty days after its commencement.

Let us refer, in order to prove it, to that which we know concerning the evolution of syphilis. As a rule, especially when, as in the present case, no specific treatment intervenes, the secondary symptoms manifest themselves about six weeks after the commencement of the chancre. Now, in our patient the secondary symptoms were not manifested until eighty days after the beginning of the ulcer upon the penis. This ulcer then, which at its first appearance I recognized as being chancroidal, and nothing but chancroidal, is not the antecedent of these secondary symptoms. For, to borrow from medical jurisprudence one of its most expressive decisions, the symptoms first appeared too long after it to entitle it to be considered as the infecting source. The one source alone from which these symptoms can proceed is the other,—the *infecting ulcer*,—which I confess not to have looked for, but whose existence and paternity are clearly proven to me by the age of its offspring.

NEW MODE OF ADMINISTERING COD-LIVER OIL.—Numerous attempts have been made to render cod-liver oil less disagreeable, either by gelatinizing or solidifying it, but only with partial success. The system of capsules seems to answer best; but the great objection is the number of these which must be swallowed. Now it would seem that Messrs. Carre and Lemoine have contrived to incorporate the oil with *bread*. Each pound of bread contains a little more than two ounces of the oil, or five tablespoonfuls, and three ounces of milk. Small loaves are also made which contain only two tablespoonfuls, and which, altogether, weigh only five ounces. These loaves are beautifully white, look extremely well, and have hardly any taste. Both children and adults eat them very willingly. In M. Bouchut's ward, at the Children's Hospital in Paris, thirty-four small loaves are brought every morning, and are looked forward to with much anxiety by the children for breakfast. They have been largely used among private patients, and no one complains of any disagreeable taste. Five or six tablespoonfuls of oil may thus be given per diem, incorporated with the bread taken with the usual food.—*Lancet*, Aug. 2, 1873.

PHILADELPHIA MEDICAL TIMES.

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MEDICAL AND SURGICAL SCIENCE.

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EDITORIAL.

TYPHOID FEVER IN LONDON.

VERY recently an alarming outbreak of typhoid fever has taken place in London, spreading through certain districts with great rapidity, and involving four or five hundred people.

It happened that several cases occurred in the household of Dr. Murchison, lately in charge of the Fever Hospital, and famous the world over for his work on continued fever. Feeling confidence in the sanitary arrangements of his dwelling, he was led to suspect some extramural cause, and instituted inquiries among several of his medical friends in the neighborhood, in whose families there were cases of typhoid fever. He found that in every instance the milk-supply, which he already regarded as the possible source of infection, was the same as that of his own household. He at once communicated with the medical officer of the parish; the milk company were summoned to suspend the sale of milk from their dairy, and a commission of inquiry appointed. It was found that of the eight farms with which the company contracted for the supply of milk, seven presented no probability of enteric contamination, but that to the eighth the most suspicious circumstances attached. The farmer, a strong middle-aged man, believed by his medical attendant to be suffering from a "fatty heart," was taken ill with indefinite symptoms about the second week in May. A fortnight later a consulting physician declared his case to be one of typhoid fever.

His opinion was, however, disregarded, and the man was allowed to remain out of bed and walk about whenever he felt able to do so. For the first few days in June he had a copious diarrhoea with putrid and bloody discharges; this was followed by constipation, for which a dose of castor oil was given.

On June 8, as he was being lifted from his bed, he died. On account of the suddenness of his death, the doubt about the original diagnosis, and the fact that he seemed to have recovered from his recent illness, his medical attendant entered as the cause of death "heart-disease;" but fatal collapse is certainly of not unfrequent occurrence in typhoid fever, and the circumstance rather confirms than discredits that diagnosis.

The only privy on the premises was at the upper part of the yard, the bottom of its pit being two or three feet above the level of the well from which drinking-water was obtained, and the ground affording opportunity for free drainage.

At the time of the investigation the son of the farmer had just been taken sick with typhoid fever. It was also found that there had been an epidemic of the same disease in some neighboring villages. Acting upon these facts, the supply of milk from this farm was at once cut off by the proprietors, and since then the number of fresh cases of enteric fever breaking out in the west of London has greatly diminished. Of course much mischief has already been done, many lives have been sacrificed, and the seeds of the disease have been scattered broadcast, perhaps to originate new centres of infection; but it is due to the sagacity of Dr. Murchison in the first instance, and to the energy, courage, and ability subsequently displayed by the official investigators, that the evil has not been greater and the mischief much more extended. The cotemporary from whom we gather these interesting and important facts remarks that the occurrence of the epidemic has given a remarkable stimulus to the investigation of the media of infection of the typhoid-poison, and, it is to be hoped, with important results.

SINCE the above editorial was in type, the *British Medical Journal* of September 6 has been received, and contains much new information in regard to the present epidemic and the conveyance of enteric and other fever poisons in milk. It seems that the milk company, being a corporation, and therefore soulless, objected very strongly to their business being interrupted, asking for proof that the typhoid-

fever poison was in the milk, although they had been assured that out of thirty-seven families stricken with the fever thirty-five were supplied with their milk. They wanted, forsooth, this mysterious entity,—the typh-poison,—this thing that eye hath not seen, precipitated from their milk, weighed, analyzed, and delivered in sealed packages at their office, so that they might put it into the hands of a chemist to have its identity proven!

Even the medical health officer of the parish tried to interfere, but to no avail; and finally the sale of the poison was only checked after some days of discussion, when apparently public opinion and the fear of future damages to be judicially awarded induced this most worthy body corporate to investigate the matter.

The following extract from a letter of Dr. Murchison will show the evidence relied on by him and Dr. Jenner as demonstrating the origin of the disease:

"Out of sixty families [placed under the same conditions as to drainage, etc., as their neighbors] of the better class, already known to us, in which enteric fever has appeared within the last month, all but one have used your milk.

"In certain families not supplied by your company, individuals have been attacked with enteric fever who have accidentally partaken of your milk, and then these individuals have been the only members of the family who have suffered.

"An unusually large proportion of the patients have been young children who consume much milk. In certain families, children who drank water, but not milk from your dairy, have remained exempt; while the children who drank Dairy Reform milk have suffered; and of the adults who have taken the fever, most have been milk-drinkers."

Meanwhile, the epidemic has given rise to a great deal of discussion in regard to the production of contagious disease by milk. A Dr. Michael Taylor, of Penrith, has written a most excellent letter to a daily journal, in which he takes the ground, apparently the true one, that the contagion always gets into the milk after it has left the body of the cow. It is well known that milk is a powerful absorbent, readily acquiring the odor and taste of substances with which it is in proximity, and it appears just as ready to appropriate bad as good,—contagion as perfume. The letter of Dr. Taylor is so to the point, and the subject so important, that we quote a part of his words at length:

"It is," he says, "fifteen years ago since I brought before the profession the facts and arguments in support of my discovery of typhoid poisoning by the milk-supply. The whole story was told at the time in the

Edinburgh Medical Journal, 1858. The facts were derived from an investigation of an epidemic in this town, similar in essential particulars to that now prevailing in Mayfair. The cows were healthy; the use of sewage grass or hay was unattainable; the addition of foul water to the milk, either by accident or by design, was practically impossible, the only available supply being the public service of pure water from Ullswater. The fever-virus entered the milk in this wise. The cows were milked by the hands of a woman who was nursing cases of typhoid fever on the premises; the milk-cans were brought into the room in which the sick were lying, and remained there until sent away to the customers. It was during the process of milking, while the thin warm stream was flowing, or whilst standing exposed to this atmosphere of fever-miasms, that the warm freshly-drawn fluid absorbed the fever-virus, and afterwards communicated the disease to those who drank it. In the outbursts of typhoid fever which exploded along the track of a milk-walk at Leeds in 1872, as reported by Dr. Robinson, and again in Glasgow in 1873, as reported by Dr. Russell, the explanation of the manner in which the milk became infected is the same as I have indicated above.

"There have been frequent outbreaks of enteric fever in Penrith arising from sewage stagnation, owing to the ignorance or supineness of the local sanitary authorities, but not again implicating a dairy until the year 1867, when a death from scarlatina occurred in a milkman's cottage. A rapid and fatal outburst of the pest among the families of the customers ensued, and an investigation forced the conviction that again the milk was the vehicle of the poison, and that the old dormant observations of 1858 were receiving their first corroboration. And it were well at the present time to be mindful that milk is a potent vehicle for the dissemination of this frequent and mortal zymotic scourge, scarlatina, and it may be of cholera also. Up to this time three distinct epidemics of scarlatina have been proved to have been diffused by milk, and have been publicly reported—viz., 1, that in Penrith in 1867, by Dr. Taylor himself; 2, in St. Andrew's in 1870, by Dr. Oswald Bell; 3, in Leeds in 1872, by Dr. Robinson. In the reports, they all agree as to the mode in which the poison was introduced into the milk. The cows were milked by scarlatina convalescents, or by those engaged in nursing the sick. In this disease the dry epidermic dust, the *débris* from the peeling skin, was the carrier of the infective germs. From the arms and dress of the milker it was shaken into the milk-pail, or absorbed by the milk from an atmosphere charged with these floating particles. In these instances it was not a question of a malady in the cow, nor of the use of sewage-grass, nor of the admixture of impure water. The evidence all bore on the direct mingling of the exuviae, or infective germs (if science can yet honestly admit such as a known quantity), proceeding directly from the bodies of the sick or from the absorption by the milk of the fever-exhalations from the vitiated atmosphere in the vicinity of the sick."

IT is a matter which we think needs discussion, why, with our almost universal private cesspools, we are so exempt from epidemics of typhoid fever in Philadelphia. The disease is always with us, but anything like a spreading epidemic is a thing unheard of, at least in our experience.

Again, it is very difficult to understand the relations between the two forms of the disease. Are they really one? or is our "typhoid fever" a duplex entity? On the one hand there is a disease, most frequent, arising hourly in our great centres, but spontaneously and without obvious cause, never spreading, never in any tangible way connected with the entrance of a poison into the blood. On the other hand there is an affection occurring in wide-spread or local epidemics, apparently as contagious as scarlet fever, apparently as dependent upon the entrance of a poison into the system as smallpox. Won't some of our readers explain this matter for us?

WE notice that Dr. E. G. Janeway has been elected Professor of Pathological Anatomy, Professor of Practical Anatomy, Lecturer on Clinical Medicine, and Lecturer on *Materia Medica* and Therapeutics, in Bellevue Hospital Medical College. Verily the sun of professorial grandeur blazes upon our distinguished friend. We are reminded of the gentleman whom the genial Mark Twain met in the Wilderness. "Think of hotel-keeper, postmaster, blacksmith, major, constable, city-marshal, and principal citizen, all condensed into one person and crammed into one skin. Bemis said he was a perfect 'Allen's revolver of dignities.'" We wish joy and success to our "concentrated" professor.

We also learn that Dr. Hammond has resigned his various positions in connection with the same school. New York, and especially Bellevue, seems in the last year or two to have been afflicted with an epidemic of resignations. The constitutions of the Philadelphia Faculties are, we greatly fear, so strong as to resist any contagion. It is said an epidemic leaves a city in a more vigorous condition.

THE Berlin medical journals record the death from cholera, on August 20, of Dr. Otto Obermeier. Dr. Obermeier was already known to science by his investigations of disease. Within the last few months he had published some interesting researches on the blood in typhus fever (maculated), and, when seized with his fatal illness, was engaged in researches on cholera. Emboldened by his not having contracted the fever during his exposure, he

somewhat recklessly kept in his bedroom pathological specimens taken from persons who had died of cholera, and also portions of their excreta; and, according to one account, even injected some blood from cholera patients into his own vessels. He was so devoted to his inquiry that, after he had become aware of the condition in which he was, he made some microscopic examinations on his own blood. His death occurred after an illness of seven hours, in the thirty-first year of his age.

M. GUBLER demonstrated to the Société Thérapeutique of Paris, at the séance of August 13, 1873, the fact that senna will cause a discoloration of the urine precisely similar in appearance to that which occurs in jaundice. On the addition of nitric acid, however, to the urine, the biliary reaction does not occur; moreover, caustic potash changes the color to a magnificent purple. Caustic potash added to the infusion of senna produces only a faint indication of purple, and it is probable that the principle of senna undergoes an oxidation in the system similar to that of turpentine, asparagus, etc.

IN a paper read before the British Medical Association, Dr. H. MacCormack advocates the use of anæsthetics to deprive animals of consciousness previous to slaughtering. As meat so treated would taste of ether or chloroform, we suppose all our palates would have to be educated before it would be agreeable. In another paper by the same author, read under the same auspices, it was shown that, by resort to a tube with artificial nipple properly adjusted, goat's milk might be abstracted from the living animal and transferred at once to the infant's stomach.

M. E. ROUX, in a recent communication to the French Academy (*Gazette Médicale de Paris*, August 23), asserts, as the results of experiments upon himself, that tea, and still more coffee, increases the elimination of urea. The exercise and diet being the same, the following table expresses the results:

	Daily elimination of urea.
From 14th to 18th of May (without coffee or tea)	36.18
18th of May (coffee)	41.05
From 16th to 18th of June (without coffee or tea)	33.76
18th of June (tea)	37.04

UP to the 15th of August there had been this season three hundred deaths from cholera at Vienna.

IN another column we give the translation of a French article upon nitrous oxide. The authors' science may be true; it may be that giving nitrous oxide is only a neat way of producing partial asphyxia; but certainly their practical deductions are simple nonsense. It is only the old story of Mrs. Partington and the broom.

LATE dispatches announced that the illness of M. Nélaton had taken a favorable turn, and he was supposed to be convalescent; but on Saturday last he suffered a relapse, sank rapidly, and died the same night, in the seventy-sixth year of his age.

REVIEWS AND BOOK NOTICES.

A TREATISE ON THE PNEUMATIC ASPIRATION OF MORBID FLUIDS. By DR. GEORGES DIEULAFOY. J. B. Lippincott & Co., Philadelphia, 1873.

Great practical discoveries in the art or science of medicine, revolutionizing practice, extending wider the control of the physician over disease, are, unfortunately, most rare. If the instrument, or rather principle, which Dr. Dieulafoy has been so fortunate as to discover, should fulfil the promise of the present, it will be, at least to our thinking, one of the most useful additions to our knowledge since the days of Laennec,—not affecting, indeed, so wide a range of cases as does auscultation and percussion, not comparable to the work of the great physician named, in its laborious science, but, like it, rendering, though in a more limited sphere, a hitherto obscure—nay, impossible—diagnosis certain, and, unlike it, adding a new therapeutics capable of rescuing from death cases hitherto beyond our art. The idea of penetrating closed cavities by means of hollow needles did not, as every one knows, originate with Dr. Dieulafoy; but the principle which shall render his name so famous is what he calls the "previous vacuum." By means of finely-made workmanship, a cylinder is exhausted of its air; from the end of the cylinder projects a nozzle closed by a stop-cock, and to the nozzle is attached a long, hollow, sharp needle of varying size, according to the object in view. This needle is then plunged into the tissue above the cavity to be evacuated, and when its point has entered the flesh for the distance of half an inch the stop-cock is opened, so that the needle to its point partakes of the vacuum of the cylinder. It is evident that so soon as the needle, on being pushed forward, enters fluid, the latter will be seen to spurt up into the glass cylinder; and it is equally evident that by means of a readily-contrived apparatus allowing of the conversion of the aspirator, when nearly full, into a siphon, any cavity in the body may be emptied.

The application of such an instrument as this to the purposes of diagnosis and of therapeutics is at once very plain, provided the use of it be harmless. The great power of the previous vacuum allows of the employment of a very fine needle, provided that the slender bore is kept free from dirt and rust, precisely as in hypodermic syringes; and experience has demonstrated that these needles may be plunged anywhere into the body without injury, unless it be into the heart itself. Indeed, as Dr. Dieulafoy and his followers have practised aspiration hundreds of times in inflammation of the knee without affecting the joint, except for good; as in reten-

tion of urine the bladder has been punctured ninety-eight times without a single accident; as in strangulated hernia numerous aspirations have been made without irritating in the least the intestines; as both the healthy and the diseased liver have been traversed in every direction, without harm, and the pericardium has been tapped with the best results,—it seems to us that no one can read the volume recording these successes without being convinced of the harmlessness of aspiration.

The diseases in which the process has been especially practised are hydatids and abscess of the liver, retention of urine from organic causes, hydrocephalus, spina bifida, strangulated hernia, various serous inflammations, synovitis of the large joints, and abscesses.

In a number of cases of hydatids of the liver, and in a single one of hepatic abscess, the results obtained have been most encouraging. A curious phenomenon noticed in several cases is the sudden development of urticaria with nausea and vomiting directly after the puncture. The cause of these is mysterious, but the symptoms are evidently of nervous origin, and have subsided without doing harm.

Dr. Dieulafoy details a very remarkable case of poisoning in an infant six hours old, by a dessertspoonful of laudanum. In this, aspiration and injection of the stomach was performed a dozen times in the course of ten minutes, and the viscus so thoroughly washed out that the child recovered. Dr. Rasmussen, of Copenhagen, gives the details of a case of spina bifida in which he effected a cure by means of aspiration.

We pass by the chapters on the use of aspiration in strangulated hernia, merely stating that the harmlessness and apparently the efficiency of the procedure are such that it should always be applied previous to the last efforts at taxis.

Space also fails us to follow our author through the many pages devoted to consideration of the application of his method to pleuritis, peritonitis, pericarditis, synovitis, etc. The subject of aspiration is one of such grave importance that it behooves every man who practises medicine or surgery not to be content with such information as can be conveyed in the limits of even the longest review, but to read the book carefully, to ponder its teachings, and to test its methods conscientiously at the bedside.

From a literary point of view, the book of Dr. Dieulafoy is fairly good; marred, however, by an offensive egotism,—an incapability of its author to forget for a moment that it was /who did this thing. We make no objection whatever to a man claiming even pertinaciously a discovery or invention he has made; we detest the mock modesty, the prudery, which so often betokens and is the offspring of an over-sensitive egotism, that causes an author, in total disregard of English grammar, to "we" himself; but we cannot with complaisance witness a rain of I's upon the pages of a book,—comparable only to an Egyptian plague of frogs.

In conclusion, the mechanical execution of the work is excellent. Indeed, the book is evidently not American to the manor born, but a naturalized citizen, claiming the paternity of a famous race, though born on British soil.

LECTURES ON CLINICAL MEDICINE. By A. TROUSSEAU. Translated from the Third Revised and Enlarged Edition by SIR JOHN ROSE CORMACK, M.D., and P. VICTOR BAZIRE, M.D. Complete in two volumes. Lindsay & Blackiston.

To criticise or review Trousseau's Clinical Medicine would be as novel in its performance and in its results as to speak forth platitudes on the comprehensiveness of Shakspeare or the dignity of Milton. Our readers—all of them, we trust—know as well as ourselves the merits and demerits of this great work; the monument

of a master-mind, it has been seen and read of all men.

The only matter of interest is as to the guise in which our old friend appears anew.

The volumes, then, before us are simply an American reprint of the Sydenham Society's edition, with the notes by Bazire omitted,—a popular edition of a medical classic,—cheap, but not altogether nasty,—holding the same relation to its British progenitor that an American book generally does to an English one. As the price is only ten dollars, as each volume is composed of nearly one thousand extra-large closely-printed pages, as the matter is most excellent, whoever buys this work gets the worth of his money,—a consummation devoutly to be prayed for.

Believing that in these few lines we have given our readers just the information they desire, we will not encroach further upon their time and patience.

GLEANINGS FROM OUR EXCHANGES.

COURT PLASTER.—A writer in the *Journal of Pharmacy* gives the following details. The difficulty in making a court plaster in most cases is generally that of cracking and breaking, which the addition of glycerin prevents. The following formula produces a superior quality of court plaster, that will not crack or break:

R Russia isinglass, ʒj;
Water, Oj;
Alcohol, fʒj;
Glycerin, ʒss.

Soak the isinglass in the water for one day, then dissolve it by the aid of a gentle heat, after which strain it and add the alcohol and glycerin. The mixture, being now ready for use, is spread on a fine quality of silk stretched on a frame, each successive coat being allowed to dry before applying the next. Heat should not be used in drying the plaster, as it is apt to drive the glycerin out and leave the plaster streaked.

By another formula, court plaster is made in the following manner:

R Russia isinglass, ʒiss;
Resin, ʒxiv;
Alcohol,
Water, aa q. s.;
Glycerin, fʒss.

Beat the resin in a mortar until perfectly powdered, then dissolve it in alcohol q. s., and mix with the isinglass solution; strain and add the glycerin.

Court plaster made in this way is very adhesive, but not as handsome as when made by the previous formula.

In another formula, gelatin is used instead of isinglass, and makes a very handsome plaster.

R Gelatin, ʒiss;
Water, Oj;
Glycerin, fʒj.

Soak the gelatin in the water for one day, then dissolve it by the aid of a gentle heat, and after it is dissolved add the glycerin.

This mixture, if spread on coarse and heavy silk, makes a white and opaque plaster; while if spread on thin and finer silk, the plaster will be nearly transparent and of a yellowish tint.

CASE OF CEPHALIC CHANCROIDAL ULCERATION.—Dr. R. W. Taylor, of New York, in the *Archives of Scientific and Practical Medicine*, records a case of chancroidal ulceration occurring upon the forehead of a man, just above the eyebrow. The patient, the subject of numerous chancroids about the penis, while

ascending a ladder carrying a hod upon his shoulder, stumbled and struck his forehead violently against one of the rungs. The wound bled freely, and received but little care.

Four days after this accident, an undoubted chancroidal ulceration was observed at the seat of the injury upon the forehead. To verify the diagnosis, an inoculation with some of the pus from the ulceration was made upon the abdomen of the patient, which was then carefully protected. Four days after, a small undermined ulcer was present. The chancroidal ulcer of the forehead was treated with fuming nitric acid, and ran the usual course of a chancroid. Undoubtedly reliable reported cases of chancroidal inoculations about the head are rare. Dr. Taylor quotes the histories of four cases, and considers his as the fifth authentic case on record.

THE PSYCHOLOGY OF THE TOAD (by Dr. Thomas Hill, of Portland).—This paper consisted of half a dozen anecdotes of instances of intelligence and docility in the toad which had come under Dr. Hill's observation, and which he wished to put on record as a slight contribution towards the comparative psychology of batrachians. The most striking anecdote was that of a toad which had swallowed one end of a large earthworm, and had become so tired in its attempts to get the rest down that it was in danger of losing the whole, the worm crawling out of the toad's mouth faster than it could be swallowed. The toad then brought up its right hind foot, and, grasping its stomach and the worm in it, held the worm in with its foot, taking a fresh grip after every gulp, until the job was finished.—*Proc. of the Am. Assoc. for the Adv. of Science.*—N. Y. Tribune.

CURABILITY OF PULMONARY PHTHISIS.—An article published by Dr. R. Massini, of Basle, in *Deutsch. Arch. für Klin. Med.* (H. 3 and 4, 1873), contains the following remarks on the above subject, the results of the author's personal experience: In pulmonary phthisis two-thirds of the fatal cases belong to cheesy pneumonia, and in only one-third of the cases is tubercle to be found. It is impossible in our present state of knowledge to assert that miliary tubercle is curable. It is shown by the results of post-mortem examinations (discovery of cicatrices in the apices of the lungs) that cheesy pneumonia, when not complicated by tubercle, can be cured. Pulmonary phthisis, adds Dr. Massini, is frequently a consequence of abdominal typhus, and at Basle the mortality from phthisis has considerably diminished since the decrease of cases of abdominal typhus.—*London Lancet*, Aug. 23, 1873.

A PHARMACEUTICAL CURIOSITY.—The Berlin correspondent of the *Chemist and Druggist* sends the following specimen of extraordinary pharmacy, culled from the first edition of the Prussian Pharmacopœia (*Dispensatorium Borusso-Brandenburgicum*, 1731). This is in Latin. The specimen which he selects is "Spiritus Cerebri Humani," p. 206 (Spirit of Human Brain). "The brain of a young man, well built and perfectly healthy, but who has been put to death by some violent means, must be crushed, with all vasculars and the spinal marrow, in a stone mortar; afterwards mixed in a glass retort, or in a large phial, with 'Kaiser Karls Hauptwasser' (somewhat similar to our eau de Cologne) and spirit of wine. This mixture is to be distilled after having stood by for one, or, better, for several years. The dose of this elegant remedy was fixed at a tablespoonful."

THE death of M. Mériadec Laennec, a relative of the illustrious discoverer of auscultation, and himself an author of some note, is announced to have taken place lately.

NINE CASES OF COLOTOMY (by Christopher Heath, F.R.C.S.).—The nine cases related all occurred in females. Two operations were undertaken for cancer of the rectum, causing obstruction, which had existed many days; both patients died. Three operations were performed for scirrhus in an earlier stage, before obstruction had occurred; and of these one died and two recovered,—one of the latter dying seven months afterwards, and the other being now alive and well, seven months after the operation. Two operations were performed for syphilitic ulceration and stricture; both recovered, and are alive now. One operation was performed, as a last resource, in a patient worn out with extensive fistula and ulceration (probably syphilitic) before she applied for relief, and proved fatal. The operation was performed for the relief of a recto-vesical fistula, and was perfectly successful. The result therefrom was four deaths and five immediate recoveries. Mr. Heath appended some observations on the operation and its results, urging its earlier adoption in cases of obstruction and intractable disease, and showing the slight risk to the patient the operation *per se* inflicted. In the discussion which followed, Messrs. Maunders, Parsons (Liverpool), Meade (Bradford), Humphreys (Shrewsbury), and the president, approved of the operation. Messrs. Heath (Newcastle) and Maunders preferred the transverse incision; the latter made the wound conical, with the apex towards the deeper parts. He had met with enormous quantities of subperitoneal fat obstructing the operation. Dr. Parsons (Liverpool) had a successful case of infantile colotomy; the patient, now twenty years old, working as a dock-laborer.—*Transactions British Association, British Med. Journal*, Aug. 30.

HOW TO MAKE LIEBIG'S SOUP FOR BABIES.—The value of this soup, prepared according to Liebig's directions, is not fully appreciated in this neighborhood, partly, perhaps, because it is not often tried, and partly, no doubt, because it is supposed to be the same thing as the so-called Liebig's Food which is put up in tins by Savory and Moore. It may be that there is some way of preparing Savory and Moore's powder so as to make it palatable and digestible. But, although H.R.H. Prince Albert Victor thrives on it well (vide advertisements), it must be confessed that, prepared according to the directions given, it is not very palatable, and, as far as my experience goes, not particularly digestible. The receipt for Liebig's soup is given in several books in English, but entirely without the details of the process, so that one only finds out how to prepare it well and quickly after a good many experiments. I feel sure, however, that, if the detailed directions which I give below are strictly followed, the soup will be made without difficulty.

(A.) One measure of malt, mixed with one measure of solution of bicarbonate of potash, should be left to stand half an hour.

Malt, ready ground, may be obtained of beer-brewers, though they do not make a business of selling it; it may well be sifted through a coarse sieve, to remove the largest hulls. It is well to buy bicarbonate of potash in half-ounce packages, and dissolve one package at a time in one quart of water. A large wineglass, or small teacup, answers conveniently for a measure.

(B.) Make a porridge of one measure of flour in five measures of milk.

To avoid lumps, mix a part of the milk with the flour first, and make it perfectly smooth before adding the rest of the milk. The flour should be of as coarse a quality as can be obtained.

It is not very easy to boil the porridge enough to swell the starch thoroughly and yet not burn the mixture. The most convenient vessel is a milk- or farina-

boiler; though any two vessels of such sizes that one will make a water bath for the other will answer the purpose. It is easier to swell the starch thoroughly by having but little water in the water-bath and depending on the steam for heating, than by having so much water in the bath that the smaller vessel will dip into it. If there be a fire of hot coals at hand, it is well to make sure that the porridge is thoroughly boiled, by taking the vessel which contains it out of the bath and letting it stand on a toasting-rack over the hot coals, but not touching them. It is less likely to burn in this way than if put on the iron surface of a range or stove.

(C.) Let both the water-bath and the porridge cool down to about 140° or 150°, add the malt and potash slowly while stirring, and let it stand at the above temperature fifteen or twenty minutes, when it becomes thin and sweet.

When the porridge has been thoroughly boiled, it is best to fill up the water-bath, so that an even temperature can be maintained. It is certainly possible to get along pretty well without a thermometer, remembering 150° is very hot, but not boiling. Many failures, however, will be prevented by using a thermometer, which can be prepared easily from one of the ordinary, cheap thermometers which are used in dwelling-houses, by drawing it out, together with the metal scale, from the black frame, and cutting off so much of the scale with strong scissors that the glass part only will dip into the porridge. If the soup does not now become thin and sweet after standing fifteen or twenty minutes, some mistake has been made.

(D.) Boil it up once and strain it through a sieve and then through muslin.

If it were not boiled up this last time it would sour readily, but, when boiled, it keeps twenty-four hours perfectly well.

(E.) Dilute it with an equal quantity of water for a young child, and gradually increase the strength till the child is eight months old, when it may be taken in full strength.

It should be diluted only just before using, and kept in a perfectly cool place.—*Boston Medical and Surgical Journal*.

THE EVILS OF HIGH-HEELED SHOES.—Dr. Von Rothmund, Sr. (Munich), writes us as follows:—

Who would gather violets must not be frightened by the pricking of the thorns; and if one has the courage to cast a lance he must not be frightened off by the women. I do not propose in this paper to distress the reader with a dissertation on the follies of female fashion, but I shall venture to call attention to a few points in connection therewith, and I commence now at the bottom. I have nothing to say, then, about corsets, upon which folios have already been written, but I have a few facts to bring forward about the clothing of the feet. The high heels lately introduced into fashion change the long axis of the body, so that the trunk is directed backwards, and this of course alters the inclination of the pelvis. Such an alteration cannot be without influence upon conception and labor. I leave it to the obstetricians and gynecologists to collect observations upon these facts. In my own experience I can bring forward one evil resulting from this *bizarre* position of the foot, viz., displacement forwards, even dislocation of the ankle-joint. I had a case under treatment where a dislocation occurred as a result of the predisposition thereto by high-heeled shoes, and where the patient was confined to bed for three months, notwithstanding the best treatment that could be devised. Inflammation of the ligaments and the sheaths of the ligaments is much more frequently met with. Finally, an abundance of corns is a product of this shoe dress that is not to be overlooked. Indeed, the corn-doctors are the only ones

benefited by this refinement of luxury.—*Wien. Med. Presse*, June 15, 1873.—*Boston Medical and Surgical Journal*.

A MODE OF USING A THREE-PAD TOURNIQUET IN THE TREATMENT OF ANEURISM (by E. Lund, F.R.C.S., Manchester).—The tourniquet employed was that known as Signoroni's, with a pad from the centre of the arch, so attached that it could be moved to and fro by a screw-action. The instrument was applied in the usual way over the artery, and such pressure made as would not arrest entirely the force of the pulsations. The extra pad was then brought into action, so as to press against the external side of the limb and drag the tourniquet transversely across it. This had the effect of so displacing the vessel and the tissues surrounding it that the artery was made to assume a curvilinear in place of a straight direction; and by this means the circulation could be completely stopped with less actual compression of the skin and other structures.—*Transactions British Association, British Medical Journal*, Aug. 30.

ON A NEW METHOD OF DETERMINING THE PRESENCE OF, AND RECOVERY FROM, TRUE RINGWORM (by Dyce Duckworth, M.D.).—The author called attention to the action of chloroform upon the infected hairs in cases of tinea tonsurans. It was shown that this agent caused the hairs to become white or slightly yellow in color, and thus to be distinctly mapped out and easily distinguishable from surrounding healthy hairs. The causes of the change were briefly discussed, and the particular phases of the disorder suitable for this application were pointed out. The effect of chloroform on patches of favus, tinea versicolor, melasma, and alopecia areata was likewise discussed. It was shown that no other reagent, so far as was known, possessed the peculiar properties of chloroform in affecting parasitically diseased hairs.—*Transactions British Association, British Medical Journal*, Aug. 30.

SUBCUTANEOUS INJECTIONS.—Dr. Constantin Paul recommends glycerin as a dissolvent for subcutaneous injections. He considers it to be far superior to water, alcohol, etc.; it is neutral, can be kept easily, and is, of all liquids, the one which approaches the nearest to the composition of subcutaneous cellular tissue.—*Lancet*, Aug. 2, 1873.

THIRD ATTACK OF MEASLES.—I have a young lady, about twenty-three years of age, suffering for the third time from an attack of measles! All the characteristic symptoms, such as the eruption, the deeply-congested state of the mucous membranes of the eyes, nose, larynx, and bronchia, are most pronounced.—*Charles Anderton, in London Lancet*, July 26, 1873.

At the meeting of the Société de Biologie, July 5, 1873, M. Rabuteau called attention to the purgative effects of the hypersulphites of soda and magnesia, which he had found to be extremely satisfactory, but their use could not be advised, owing to their high price and their disagreeable taste.—*Le Progrès Médical*, July 12.

LIQUID NOURISHMENT FOR SICK STOMACH.—An egg, well beaten up, to which add one pint of good milk, one pint of cold water, and salt to make it palatable; let it then be boiled, and when cold any quantity of it may be taken. If it turns into curds and whey it is useless.—*H. S. Halahan, in Dublin Medical Journal*.

DR. T. BATES proposes (*The Clinic*) to substitute meal for bran in fracture-dressings as an absorbent. The meal, he claims, is equal to the other dressing, and is much superior in that it packs better and holds the limb immovable in the apparatus.

MISCELLANY.

THE "Brunetti process" for the preservation of the dead consists of several processes. 1. The circulatory system is cleansed by washing with cold water till it issues quite clear from the body. This may occupy from two to five hours.

2. Alcohol is injected, so as to abstract as much water as possible. This occupies about a quarter of an hour.

3. Ether is then injected, to abstract the fatty matters. This occupies from two to ten hours.

4. A strong solution of tannin is then injected. This occupies for imbibition two to ten hours.

5. The body is then dried in a current of warm air passed over heated chloride of calcium. This may occupy two to five hours. The body is thus perfectly preserved, and resists decay. The Italians exhibit specimens which are as hard as stone, retain the shape perfectly, and are equal to the best wax models.—*Ed. J. Hallock, in Journal of Applied Chemistry*.

RUSTICUS writes in the *Boston Medical and Surgical Journal* as follows: "Please say to the other country doctors, who don't know any more than we do, that pepsin can be very easily made an 'Aromatic Liquid Pepsin' by cutting up a calf's rennet-bag and bottling it up in half a gallon of pale sherry. It won't cost nearly so much; and mother used to feed her thirteen babies on it, at the rate of a teaspoonful to a cup of milk, with a little sugar mixed in, and a scratch of nutmeg on the top."

"I am told that you can buy rennet-bags cheap in Boston market. They are much better, I believe, after drying for weeks; and I should prefer them to pepsin. They will keep longer and better."

BOYLSTON MEDICAL PRIZES.—At the meeting for 1873 of the Boylston Medical Committee, prizes of one hundred and fifty dollars each were awarded to David T. Lincoln, M.D., of Boston, for a dissertation on "Electro-Therapeutics," and to William C. Dabney, M.D., of Charlottesville, Virginia, for a dissertation on "The Value of Chemistry to the Medical Practitioner."

The following are the questions proposed for 1874:

1. The best method of preventing the development and spread of smallpox.

2. The development and extension of malignant disease.

Dissertations on the above subjects must be transmitted to J. B. S. Jackson, M.D., Boston, on or before the first Wednesday in April, 1874.

THE expenses to the London profession of entertaining the British Medical Association were £1050, including £500 for three days' luncheons, more than £200 for the printing of circulars, the museum catalogue, programmes, etc., and £125 for charges connected with the public dinner, guests, etc.

At the last sitting of the Paris Academy of Medicine, Professor Hirtz, formerly of the Faculty of Strasburg, was elected a member.

THE QUESTION OF THE CO-EDUCATION OF THE SEXES IN GERMANY.—The Cologne *Gazette* has an article on the education and employment of women in Germany, called forth by the demand of the Russian female students to be permitted to study at German universities, which gives some new facts and lucidly illustrates the present drift of German thought. The faculty at Heidelberg University has, it will be remembered, distinctly declined to admit women to the classes. The *Gazette* says:

"The more general admission of women to the postal, telegraph, and railway services is the plain German answer to the demand made by the Russian students to be permitted to study at German high schools. It is very satisfactory to find that at all German universities where the question has been discussed, mostly in consequence of applications made by the Russian female students, the university authorities have decided against the admission of women. It is surely no degradation of the sex that men refuse to receive women at public educational institutions which by their nature are destined for men; the success of female students of medicine and law is moreover, setting aside a few brilliant exceptions, very doubtful, and as there were only two or three German female students of medicine at Swiss universities who can continue their studies there, there seems to be no reason why Germany should alter her whole university system simply because the Russian girls want to study.

"The increased employment of educated women in the public and private service is a very different matter. If the state sets the example, there can be no doubt that private railway companies will follow, and employ women on duties which they can perform as well as men and at less wages. The more general employment of women in different bureaus of the administration will also show on what other duties women are fit to be employed. That it is necessary to look to this is illustrated by the statistical tables published, which show that emigration and other causes have increased the number of unmarried women enormously. Other states, for instance Switzerland, France, and England, are in advance of Germany on this question. The increased admission of women to the Imperial postal and telegraph service is the consequence of a demand made in the last session of Parliament after a lively debate, in which the well-known deputy Leewe appeared as the advocate of women."

A FRENCH prefect wrote to one of the mayors of his department, advising him, as the cholera had broken out in the district, to take all the necessary precautions. After some time the mayor wrote to say that he had taken all the proper steps; and upon the prefect sending to see that they were effectual, he found that the only preparation the mayor had made consisted in having a large number of graves dug in the churchyard.

THE Erie Railroad Company have appointed a regular medical bureau in connection with their road, whose past history shows that such provision was badly needed.

A TRIBUTE TO THE DOCTORS.—Mr. Gladstone was a guest at the recent dinner of the British Medical Association. In acknowledging the compliment of a toast to "Her Majesty's Ministers," Mr. Gladstone paid a high, but not undeserved, tribute to the medical profession. He said that but for the care and watchfulness of a succession of able physicians it would have been impossible for him to have gone through the fatigues of political life. "It is," he proceeded, "among the mournful and noble distinctions of your illustrious profession that, although its members may not receive that acknowledgment which awaits the soldier when he falls on the battle-field, yet they are to be found in countless numbers among the truest martyrs in the cause of humanity." He complimented the practitioners of the medical art on their high claims to consideration for their promotion of beneficial sanitary legislation. He said that medical knowledge has advanced in recent years in a degree which is not, perhaps, paralleled in any other profession. There is at the present day "a greater and more sustained earnestness of purpose, and a more general exaltation of the aims of medical men."

Mr. Gladstone said in conclusion, "This age is distinguished by an unbounded activity in all the sciences of observation. Of all those sciences yours is the noblest. It is given to you to study the relations between the wonderful body and the still more wonderful soul and mind of man. You tread that border-land in which the two come in contact. It is very easy to describe the post-office or the railway system, but you have to deal with a thing far more subtle when you attempt to grasp human nature as a whole. Human progress is not to be described by formularies. It is only by the most patient observation that a sound and comprehensive knowledge on such a subject can be acquired. To you it belongs to seize the great opportunities and to accept the great responsibilities which attach to the profession of which you are members, and to show yourselves worthy of the great vocation with which you are intrusted."

THE following is from Dr. Parvin's address before the Medical Editors' Association:

"As Robert Southey well says in 'The Doctor,' man is a dupable animal. Quacks in medicine, quacks in religion, quacks in politics, know this, and act upon the knowledge. There is scarcely any one who may not, like a trout, be taken by tickling. A church dignitary once said, '*Populus vult decipi; et decipietur.*'"

COST OF CONDUCTING A MEDICAL JOURNAL.—The following are a few items in round numbers of the expense incurred in conducting the *British Medical Journal* the past year: editor \$1560, sub-editor \$500, printer \$24,250, contributions \$4800, stationery \$1400, sundries \$3000.

WE are glad to learn that it is intended to devote a portion of the immense wealth of the late eccentric Duke of Brunswick towards founding a faculty of medicine at Geneva.

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